



Donor Form

Name: _____ Ph No. _____

Address: _____

Email: _____

Type of Donation:

- A one-time gift of \$ _____
- A three-year commitment of an annual gift of \$ _____
- A monthly gift of \$ _____

I would like my gift to go towards:

- ____ BCA General programs and operating
- ____ BCA Bursary Fund and/or Outreach Programs

To receive a tax deductible receipt, donations of \$200 or more can be made through the Birtle District Foundation. Contact us for details.

Preferred method of payment (if not a charitable receipt for tax purposes) :

- ____ a cheque is enclosed (can be mailed to Box 460 Birtle, MB R0M 0C0)
- ____ I will etransfer to *info@birtlearts.ca* (write "donations" in memo)
- ____ I would like to arrange an automated monthly/annual payment. Our BCA treasurer can provide you with the necessary information to provide to your financial institution.

Signature: _____

The Board of Birtle Centre for the Arts sincerely appreciates each and every gift.

Your support is what makes our continued operations possible!